

# Application for North Carolina Technical & Community College Student Health Plan for Fall 2010

*(CIGNA Voluntary Limited-Benefit Medical Plans)*

APPLICANT INFORMATION				
<b>E-Mail</b> (Required for Application):				
Student ID:	College Name:			
Program (e.g. Engineering, Nursing):				
# of Credit:	Semester: <b>Fall</b>	Year: <b>2010</b>		
Last Name:	First Name:	MI:		
SSN:	Sex:    M    F			
Date of birth:	Phone:	Cell Phone:		
Current address:				
City:	State:	ZIP Code:		
DEPENDENT INFORMATION				
	<u>NAME</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>
Spouse:		M    F		
Child(1):		M    F		
Child(2):		M    F		
Child(3):		M    F		
Child(4):		M    F		
SELECT COVERAGE (Check Appendix for Premium)				
<b>Application Status</b>	New Application	Renew Coverage		
<b>Plan Duration</b>	Fall	Fall-Spring	Annual	
<b>Start Date</b>	8/16/2010	9/1/2010	9/16/2010	
<b>Plan Type</b>	Student	Student + 1	Student + Family	
<b>Plan Level</b>	Health Level 1	Health Level 2	Health/Dental/ Vision Level 1	Health/Dental/ Vision Level 2
<b>Eligibility:</b> minimum 3 credit hours in Fall Semester				

Applicant Name: \_\_\_\_\_

<b>OPTION OF INSTALLMENT (TWO PAYMENTS FOR SPRING-SUMMER)</b>		
<b>YES, I agree to give NCTCSHP the right to withdraw funds once each semester with the schedule and amount indicated in the appendix by the method I choose.</b>		
<b>PAYMENT (A \$5.00 PROCESSING FEE WILL BE CHARGED BY NOVA FOR EACH PAYMENT USING CREDIT CARD)</b>		
<b>CREDIT CARD</b> (FILL CREDIT CARD INFORMATION BELLOW)	<b>CHECK</b> (MAKE CHECK PAYABLE TO : NCCC STUDENT HEALTH PLAN)	
<b>PAYMENT AMOUNT (\$):</b>		
<b>CREDIT CARD INFORMATION</b>		
Credit Card:      Visa              Master	Name on the Card:	
Card Holder Email (if different from applicant):		
Card Number:	Exp. Date (mm/yyyy):	CVV2/CVC2*:
Address:		
City:	State:	Zip Code:
Premium(\$):	Fee(\$): <b>5.00</b>	
<b>SIGNATURE:</b>		<b>DATE:</b>
Signature above to authorize North Carolina Technical & Community Student Health Plan to charge above account the health plan premium. The charge will appear as "NCCC Student Health Plan" on your credit card statement.		
<b>AUTHORIZATION AND SIGNATURE</b>		
<b>I AUTHORIZE ANY MEDICAL PROFESSIONAL, MEDICAL-CARE INSTITUTION, OR ANY OTHER PROVIDER OF HEALTH CARE SERVICES OR SUPPLIES TO FURNISH TO CIGNA INFORMATION CONCERNING SERVICES OR SUPPLIES PROVIDED TO ME OR PERSONS COVERED FOR THE PURPOSES OF REVIEW, INVESTIGATION OR PAYMENT OF A CLAIM. A COPY OF THIS AUTHORIZATION IS AVAILABLE TO ME OR MY AUTHORIZED REPRESENTATIVE UPON REQUEST. I KNOWLEDGE THERE WILL BE NO COVERAGE UNTIL ELIGIBILITY VERIFY WITH MY COLLEGE AND CIGNA RECEIVED FULL PAYMENT OF THE PREMIUM.</b>		
<b>Signature of applicant:</b>		<b>Date:</b>

SUBMIT COMPLETE FORM TO:  
**NCTCC Student Health Plan**  
**P.O. Box 1388**  
**Cary, North Carolina 27512**

OR

FAX completed form with credit card information for premium payment to:

**(919)-469-0303**

**Important Statement:**

1. There will be no coverage until eligibility verifies with applicant attending college and Cigna received full payment of the premium.
  2. For student using credit card payment, there is a \$5.00 processing fee charged by Nova.
  3. Refund Policy: No premium refunds will be made for any reason except documented entry into the United States military. If documentation is provided, a pro rated refund for the remaining portion of the coverage term will be returned to the student.
- \* 3-digit code located on the back of your card. It appears in the top right of the signature box.

Applicant Name: \_\_\_\_\_

## APPENDIX

PLAN PREMIUM					
Plan	Semester	Health Level 1	Health Level 2	Health/Dental/ Vision Level 1	Health/Dental/ Vision Level 2
<b>Student</b>	Fall	\$211.37	\$384.75	\$304.97	\$478.35
	Fall-Spring	\$422.73	\$769.50	\$609.93	\$956.70
	Annual	\$563.65	\$1,026.00	\$813.25	\$1,275.60
<b>Student + 1</b>	Fall	\$515.79	\$951.21	\$696.56	\$1,131.98
	Fall-Spring	\$1,031.58	\$1,902.42	\$1,393.11	\$2,263.95
	Annual	\$1,375.44	\$2,536.56	\$1,857.49	\$3018.61
<b>Student + Family</b>	Fall	\$779.99	\$1,442.21	\$1,047.74	\$1,709.96
	Fall-Spring	\$1,559.97	\$2,884.41	\$2,095.47	\$3,419.91
	Annual	\$2,079.97	\$3845.89	\$2,793.97	\$4,559.89
SPRING-SUMMER INSTALLMENT SCHEDULE (THREE PAYMENTS FOR ANNUAL, TWO PAYMENT FOR FALL-SPRING)					
Semester	Coverage Start Date	Installment #1 Due Date	Installment #2	Installment #3	
Fall-Spring	8/16/2010	8/13/2010	12/23/2010	5/13/2011	
	9/1/2010	8/28/2010	1/12/2011	5/27/2011	
	9/15/2010	9/13/2010	1/27/2011	6/13/2011	
INSTALLMENT AMOUNT FOR EACH SEMESTER					
PLAN	SEMESTER	Health Level 1	Health Level 2	Health/Dental/ Vision Level 1	Health/Dental/ Vision Level 2
<b>STUDENT</b>	FALL	\$211.37	\$384.75	\$304.97	\$478.35
	SPRING	\$211.37	\$384.75	\$304.97	\$478.35
	SUMMER	\$140.91	\$256.50	\$203.31	\$318.90
<b>STUDENT+1</b>	FALL	\$515.79	\$951.21	\$696.56	\$1,131.98
	SPRING	\$515.79	\$951.21	\$696.56	\$1,131.98
	SUMMER	\$343.86	\$634.14	\$464.37	\$754.65
<b>STUDENT + FAMILY</b>	FALL	\$779.99	\$1,442.21	\$1,047.74	\$1,709.96
	SPRING	\$779.99	\$1,442.21	\$1,047.74	\$1,709.96
	SUMMER	\$519.99	\$961.47	\$698.49	\$1,139.97